CLAIMS ONLY								Application Number Filing Applicant(s)					Date 19-99		
							* May be u	sed for add	ditional clair	ne or amo	ndmonte				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claim			* *					
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend		
1 2	1	1.					51 52								
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Total	3						Total						I		
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Depend	16						Depend	-		<u> </u>		-			
Total Claims	17						Total Claims								